

**UCC FINANCING STATEMENT**

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

THOMAS-JAMES BROWN-BEY (248) 385-7250

## B. E-MAIL CONTACT AT FILER (optional)

KINGTBROWN@YAHOO.COM

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THOMAS JAMES BROWN TRUST

15216 CARLISLE

DETROIT, MI 48205

US

Delaware Department of State

U.C.C. Filing Section

Filed: 02:30 PM 09/27/2019

U.C.C. Initial Filing No: 2019 6744606

Service Request No: 20197271295

## THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad).

## 1a. ORGANIZATION'S NAME

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

OR

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

1270 PONTIAC RD.

## CITY

PONTIAC

## STATE

MI 48340

## COUNTRY

US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad).

## 2a. ORGANIZATION'S NAME

## 2b. INDIVIDUAL'S SURNAME

PATTERSON

## FIRST PERSONAL NAME

LISA

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 2c. MAILING ADDRESS

1270 PONTIAC RD.

## CITY

PONTIAC

## STATE

MI 48340

## COUNTRY

US

## 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

THOMAS JAMES BROWN (C) (R) (TM)

OR

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

LISA

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

C/O [15216] CARLISLE, NON-DOMESTIC WITHOUT US

## CITY

DETROIT

## STATE

MI 48205-9999

## COUNTRY

US

## 4. COLLATERAL: This financing statement covers the following collateral.

**THIS IS ACTUAL AND CONSTRUCTIVE NOTICE**      **THE FOLLOWING NOTICE IS BEING ACCEPTED FOR VALUE BY THE SECURED PARTY:** FORM 66B (Y) (c) 11953 SERIAL NUMBER 220337416      RECORDED ON LIBER 49596 PAGE 621; RECEIPT NO. 80917, 07/20/2016 8 08:52:21 AM      FOR THE AMOUNT OF: \$164962.10      RECORDED BY: REGISTERS OF DEEDS OAKLAND COUNTY      PONTIAC, MI 48341

5. Check  if applicable and check only one box. Collateral is  held in a Trust (see UCC1Ad, Item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check  if applicable and check only one box

 Public Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable)

 Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailee Licensee/Licensor

## 8. OPTIONAL FILER REFERENCE DATA:

REF: IN WAYNE COUNTY FILE NO. 2018242643

**UCC FINANCING STATEMENT ADDENDUM****FOLLOW INSTRUCTIONS**

**9. NAME OF FIRST DEBTOR:** Same as line 1a or 1b on Financing Statement, if line 1b was left blank because individual Debtor name did not fit, check here

9a ORGANIZATION'S NAME

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

**10. DEBTOR'S NAME:** Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

10b. INDIVIDUAL'S SURNAME

DAVIS

11. INDIVIDUAL'S FIRST PERSONAL NAME

ANGELA

12. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

1270 PONTIAC RD.

CITY

PONTIAC

STATE

MI

POSTAL CODE

48340

COUNTRY

US

**11.  ADDITIONAL SECURED PARTY'S NAME OR  ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME  
BROWN-BRY

FIRST PERSONAL NAME

THOMAS-JAMES

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

C/O [15216] CARLISLE, NON-DOMESTIC WITHOUT US

CITY

DETROIT

STATE

MI

POSTAL CODE

48205-9999

COUNTRY

US

**12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)**

**13.  This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS (if applicable)**

**14. This FINANCING STATEMENT**

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in Item 16 (or Debtor does not have a record interest):

16. Description of real estate

**17. MISCELLANEOUS:**

ATTACH TO TRANSMITTING UTILITY FILING NO. 20080401666 FILED ON MARCH 13, 2008.

**UCC FINANCING STATEMENT ADDITIONAL PARTY****FOLLOW INSTRUCTIONS**

**18. NAME OF FIRST DEBTOR:** Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

OR 18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

**19. ADDITIONAL DEBTOR'S NAME:** Provide only one Debtor name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

POLICE &amp; FIRE RETIREMENT SYSTEM

OR 19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

500 WOODWARD AVE., STE. 3000

CITY

DETROIT

STATE

MI

POSTAL CODE

48226

COUNTRY

US

**20. ADDITIONAL DEBTOR'S NAME:** Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR 20b. INDIVIDUAL'S SURNAME

CELIŃSKI

FIRST PERSONAL NAME

DAVID

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

500 WOODWARD AVE., STE. 3000

CITY

DETROIT

STATE

MI

POSTAL CODE

48226

COUNTRY

US

**21. ADDITIONAL DEBTOR'S NAME:** Provide only one Debtor name (21a or 21b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OAKLAND COUNTY

OR 21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

1200 N TELEGRAPH RD,

CITY

PONTIAC

STATE

MI

POSTAL CODE

48341

COUNTRY

US

**22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR 22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

MI

POSTAL CODE

48341

COUNTRY

US

**23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

MI

POSTAL CODE

48341

COUNTRY

US

**24. MISCELLANEOUS:**

ATTACH TO TRANSMITTING UTILITY FILING NO. 20080401666 FILED ON MARCH 13, 2008.



# State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

8042901

09-27-2019

**THOMAS JAMES BROWN TRUST**  
**15216 CARLISLE**  
**DETROIT, MI 48205**

**ATTN: THOMAS-JAMES BROWN-BEY**

DESCRIPTION	AMOUNT
<b>20196744606</b>	
<b><i>UCC1F Financing Statement</i></b>	
<b><i>UCC Filing Fee - Web</i></b>	<b>\$50.00</b>
<b>TOTAL CHARGES</b>	<b>\$50.00</b>
<b>TOTAL PAYMENTS</b>	<b>\$50.00</b>
<b>BALANCE</b>	<b>\$0.00</b>

*The following Debtor Names were indexed in the UCC Management System as a result of this filing :*

**DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE**  
**PATTERSON, LISA**  
**OAKLAND COUNTY**  
**POLICE & FIRE RETIREMENT SYSTEM**  
**CELINSKI, DAVID**  
**DAVIS, ANGELA**

**Payment Verification Notice for Amount of \$50.00**

Yahoo Mail/Inb

 DO\_NOT\_REPLY\_DCIS@delaware.gov <DO\_NOT\_REPLY\_DCIS@delaware.gov>  
To: kingtbrown@yahoo.com

Sep 27 at 2:30 PM

The payment has been authorized and accepted. Payment Type: ACH Amount: \$50.00 Authorization No: Remittance No: 0230413188 Account Number: \*\*\*\*\*5292